

SECOND EDITION, *revised and expanded*

Breaking the Silence

ART THERAPY WITH CHILDREN FROM VIOLENT HOMES



Cathy A. Malchiodi, M.A., A.T.R., LPAT, LPCC

**BREAKING
THE
SILENCE**

“Art and violence are directly opposite each other in their effects.”

Rollo May
My Quest for Beauty

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Foreword

Scotty had been interviewed by police on four different occasions. At four years of age, he was unable to satisfy with clear, consistent answers. He was referred to me as a potential child sexual abuse victim, and I interviewed him while a police officer watched through a one-way mirror. Talk of his father definitely produced agitation, but reasons were unclear. He went from one toy to another, obviously overstimulated by play therapy choices.

I offered him a blank piece of paper and a pencil and told him he could draw anything he wanted. He drew an oblong shape and then drew parallel lines crossing over the shape. He looked up at me with a solemn look on his face. "Bad pee-pee," he stated. I looked down at his picture and simply repeated, "bad pee-pee." "Pee-pee in jail," he added. "Oh," I responded, "the pee-pee's in jail." "It's bad," he affirmed. "What did the pee-pee do that's bad?" I asked him. "Pee-pee hurt my bottom." This was the beginning of Scotty's disclosure.

Children who are hurt are often put in the untenable position of having to communicate to strangers who ask often complex and repetitive questions about what happened to them. Sometimes children are young enough that their language skills make it difficult for them to make clear statements; other times, children have an array of emotions associated with hurtful experiences. And yet often we are unable to protect children unless we know what has happened to them and how they are reacting to those events.

My experience with abused and neglected children has taught me that they do indeed communicate nonverbally. They communicate both through active and passive behavior—what they do and don't do, and they express themselves in a variety of ways. Children are almost always showing us something about how they feel or what they think, if we are able to see, hear, and decode overt and covert messages. Unfortunately, too often our clinical attention focuses on verbal communication, and we sadly overlook or minimize the vast information children provide in more familiar ways.

There are several universal activities for children: Play and art are among the most common. Clinicians recognize the potential value of play and art, and in response, equip their offices with toys and art supplies. Mostly, clin-

icians view these as obvious props for “breaking the ice” with children, but more and more, there is recognition that play and art are critical tools that facilitate both diagnosis and treatment. The level of training in these media will dictate the level at which clinicians are able to facilitate their client’s optimal use, yet many clinicians continue to venture into art work with little preparation or training regarding its powerful impact and implications.

Cathy Malchiodi’s book is a useful tool for both trained and untrained professionals who seek to assist children in crisis, particularly children who come from violent homes and who are currently living in homeless shelters—a population only recently recognized as one requiring specialized services. She carefully presents a contextual framework for the use of art work with this population. Children in shelters are experiencing acute stress: They are in unfamiliar surroundings, they are separated from a primary parent, they have witnessed violence, and they are experiencing a range of emotions from worry and concern about their mother, to fear or longing for their father. Shelters are also environments in flux; people come and go in various stages of crisis. Children in these environments are often difficult to comfort, and peer relationships may become difficult or strained. Art work, Ms. Malchiodi points out, may help children make order out of chaos and may help children channel aggressive energy into the creation or construction of art products, which may then produce feelings of accomplishment and well-being.

Homeless shelters are complex environments: In the midst of efforts to transform crisis into opportunity, despair into hope, helpers busy themselves with a variety of tasks: providing crisis intervention services, counseling, and assisting families in the difficult tasks of stabilizing and creating safe environments.

Art work can be both a respite and an agitator. Done properly, art can help children release and contain a range of emotions. Done improperly, art can overwhelm and agitate children. Ms. Malchiodi provides readers with a deep understanding of the power of therapeutic art work, offering safeguards and cautions every step of the way.

The art work in the book brings children’s voices to the forefront. It is one thing to imagine what it must be like for children whose families experience domestic violence, it is another thing to see the graphic images which give us an “inside look” at how children make sense and give meaning to these experiences.

This book is especially about using art work with children who have been hurt through witnessing domestic violence, but it also encompasses the use of art expression to help individuals with a range of crises and trauma, since image making allows for externalization of both painful and terrifying feelings, as well as hopeful ones and eventual transformation. Ms. Malchiodi describes her approach as art intervention, based on a belief that the most important task when working with a child in crisis is to focus on stabilizing

the child through intervention, as well as assessing the need for further specific interventions. She discusses the relative merits of "opening up" client wounds in a setting that is short-term, and during a time fraught with inherent emotional demands on children. She delineates useful as well as potentially dangerous interventions; intrusive versus nonintrusive art tasks; selection and suggestion of differing media and tasks vis a vis the type and stage of assessment or treatment; and provides criteria for designing effective interventions for injured children with a range of emotional and behavioral dysregulation.

This book was a godsend back in 1989. Now, with its expanded literature review, thoughtful insights born of additional experience, and state-of-the-art references, this book serves as a compelling and informative guide for those of us working with injured and displaced children in crisis. The use of art with this population is not only helpful, it may be a preferred treatment method since it clearly does not rely on language skills, which may not be developed, and it allows children a pleasurable and constructive way to communicate, externalize, and process their undisclosed pain, fears, worries, and triumphs.

Eliana Gil, Ph.D.
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*To my husband, David Barker,
and my parents, Grace and James Malchiodi*

Acknowledgments

When I wrote the first edition of *Breaking the Silence* in the summer of 1989, I had no idea that it would be so well received as to warrant a second edition. Thank you to Natalie Gilman, former editor at Brunner/Mazel, whose foresight and editorial assistance made the first edition of *Breaking the Silence* possible.

Thank you to all my friends and colleagues in the field of art therapy who have supported and encouraged my clinical work and writing. In particular I want to thank Shirley Riley, for her support, wisdom, and laughter; Carol Thayer Cox and Lori Vance, for their generosity of spirit both as friends and professional colleagues; Cay Drachnik, for writing the foreword to the first edition of this book and for her continued support of my work; and Eliana Gil, internationally recognized for her work with traumatized children, for writing a foreword to this second edition. A big thank you also goes to my husband, David Barker, for his support and for helping me to find my voice as an author by introducing me to the computer.

Lastly, revising this book reminded me of all the remarkable opportunities that I have had to witness the healing power of art in my work with children from violent homes. Therefore, I want to acknowledge the many children who have shared what are often painful stories through their art and whose experiences underscore the important message of this book. Their images and words served as both an inspiration and foundation for the development of this text and allowed me to realize the exceptional role art plays in the expression and amelioration of trauma.

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Introduction

When reviewing the literature of other researchers and clinicians, I came across a short discussion about the theory of pragmatism as a trend in child therapy. In this discussion, Schaefer (1988) defines pragmatism as "a commitment to be guided by what works in practice" (p. 4). He goes on to observe that this commitment overrides adherence to a particular theoretical orientation, and he advocates the use of reliable research findings and clinical experiences rather than personally appealing theories. He notes this pragmatic approach utilizes "practical consequences of a therapeutic intervention as a standard for evaluating its usefulness" (p. 4).

These concepts hold a great deal of appeal for me because my experiences with working with children in crisis have required both practicality and flexibility that do not seem to fit neatly into any one person's theory of therapeutic intervention. Therefore, I have tried to be guided by pragmatism throughout the writing of this book. Professionals who work with children from violent homes want some specific and efficacious suggestions about what to do for these troubled children. However, there has been very little literature available to help them understand these children, let alone design effective interventions for them.

Over the last decade, I have had an increasing number of requests from clinicians for practical information and advice on how to implement art therapy programming with children from violent homes. These communications often come from social service agencies, both private and state operated, shelters from domestic violence, safe houses, and YWCAs with programming for battered women and their children. Other requests come from mental health professionals and students who have an interest in how art expression can be specifically used therapeutically and diagnostically with children who are abused or subjected to violence in their homes. There are also many questions about current findings concerning reliable assessment and evaluative techniques with the emphasis on graphic indicators of abuse in any form.

In light of these requests, I particularly hope the information presented will be helpful to the professional or student who is looking for clarity and

understanding of how art therapy may be applied to work with these children. Although this book is written from the perspective of an art therapist, it is also intended as a guide for fellow practitioners who work with victims of domestic violence and child abuse. Social workers, protective service personnel, play therapists, counselors, and psychologists often want to enhance their understanding of the use of art therapy with children from violent homes. Additionally, administrators and program directors who want to initiate or contract for art therapy services may need to increase their understanding of the scope of art therapy services and how they can be best delivered.

In an effort to address these practical questions and issues, this book has three purposes.

The first purpose is to discuss possible commonalities in the art expressions of this child population. It is hoped that such information will help professionals understand what these children are communicating, what expressive commonalities exist in this child population, and the importance of the use of art in the assessment of children from violent homes. When discussing these observations, every effort has been made to identify and differentiate which visual commonalities are speculation or personal observation and which are based in empirical research. It is important that the professional or student reading any text that discusses the content of drawings be informed in this way so that the information presented will be appropriately applied in clinical practice.

For reasons of confidentiality, case material supporting each drawing in this book is presented in its briefest form, consisting of a short description of the child and the major presenting problems. In some cases, information has been altered to further protect the child's identity. Although the drawings have been released for the purpose of educational publication, lengthier or more revealing descriptions of the children's cases could threaten the confidentiality of these child clients.

The second purpose is discussion of art intervention strategies and their implementation within crisis-oriented work with children from violent homes. The major focus of this discussion is on the therapist's role in the assessment and treatment of children in shelters from domestic violence. The environment, facility, or agency in which art therapy is utilized must also be taken into consideration. Therefore, concepts of intervention as well as the professional concerns of the therapist working with children from violent homes are both addressed; these professional concerns include ethical issues relating to domestic violence and the practice of art therapy, working with the courts, integration of art intervention within the shelter or safe house structure, and team versus individual approaches to treatment. Dimensions of art intervention with children from violent homes that may be frustrating or problematic are also identified and discussed.

The final purpose is to identify program strategies for implementation of art interventions within shelter programs for children from violent homes. "Program strategy" is a broad term covering both the integration of art therapy services into domestic violence programs and the establishment of such services. For many years, I have been fortunate to have been allowed to develop and evolve programming; as an administrator I was able to design combined approaches with other therapists, include other expressive modality therapists (such as drama and movement), and develop new methods of service delivery. This information is included in the final chapter, "Developing Art Therapy Programs for Children from Violent Homes," to illustrate ways to initiate and develop such programming.

There are many therapists practicing in isolated situations in shelters and domestic violence programs throughout the United States and Canada. These professionals are looking for ways to program and adapt art therapy for these special children who are seen in situations that may differ from medical or psychiatric milieus. These "pioneers" are creatively adapting art modalities to suit the requirements of short-term, crisis-oriented agencies, becoming part of treatment teams and providing valuable assessment data on the traumatized children they see. It is extremely exciting for me to see this happening, knowing from my own perspective the value of art therapy in clinical and community work with children from violent homes. I hope that in some way what is said here may validate their efforts.

This book is not meant as a profound statement or testament to the powers of art therapy with children; other authors have addressed that topic in many fine volumes, some of which are listed in the resource section of this book. Art therapy is not a panacea, but rather a vital, growing field with many impressive accomplishments and great promise for further growth. Art therapy has become an important modality in the field of mental health, particularly psychiatry, counseling, and rehabilitation. There is still a significant need, however, for art therapy services and expertise with children who are in crisis or in trauma because of the effects of family violence. Art therapy is compatible with social services, crisis work, and child protective services, providing the primary services of evaluation, treatment, and referral, and it is easily adaptable to use in crisis situations involving children from violent homes. Most important, perhaps, the art productions of these children may yield needed information to the skilled therapist, information that may not be readily available through verbal means and that can benefit a child in need of intervention and understanding.

It must be cautioned, however, that art when used for therapy or evaluation is not a simplistic tool and does require serious training to be fully understood. As art therapist Judith Rubin (1984b) points out, "Art is a powerful tool—one which, like a surgeon's, must be used with care and skill if it is to penetrate safely beneath the surface" (p. 299). In the hands of the inexperienced, though well-meaning, clinician, it can even be dangerous; a

seemingly benign art task can elicit powerful feelings and sensations in a child that can be harmful. Interpretation of art expression without understanding of developmental levels inherent to children's expression, cognitive factors, media potentialities, and contemporary research in diagnostic indicators can be even more dangerous. The scope of this book cannot cover all these aspects of the field of art therapy; others have compiled many years of experiences, observations, and study on these basic topics and the reader unfamiliar with basic theory of art therapy is encouraged to refer to them for additional information.

In many ways, this book is about using art as an intervention for all children who are in crisis. It presents a model and information for working with traumatized children in short-term settings where intervention and assessment must be swift. Children who are in crisis for any reason react in similar ways. Therefore, the information presented may be adaptable to children in related settings such as family support centers, crisis day care, and counseling programs in the public schools. In my work with children who have been hospitalized because of chronic physical illness or surgery, I have seen many correlations and parallels with the assessment and treatment methodology presented here.

In closing, I want to say rather unpragmatically that I have found great personal satisfaction in knowing that art expression has been the key factor in successful intervention with children from violent homes. Because of my strong ties to both visual arts and therapeutic work, I have deep feelings about the power of art expression in effecting change and encouraging growth in both the individual and in society. Family violence continues to be problematic to our contemporary culture and is one of the greatest challenges to the helping professions in the coming years. If, as Rollo May (1985) says, "Art and violence are directly opposite each other in their effects" (p. 215), then art expression may have tremendous implications in the amelioration of aggression in our families and in society. It is this intrinsic characteristic of art that convinces me that art therapy has a unique place in the treatment of children from violent homes.

CHAPTER ONE

The Role of Art Therapy in the Assessment and Treatment of Children from Violent Homes: *An Overview*

Domestic Violence, Children, and Art Therapy: Some Personal Observations

During recent years, the area of domestic violence has received a considerable amount of attention from the government, mental health professionals, medicine, and the public. Child abuse, a component of family violence, has had the longest tradition of study and research (Finkelhor, 1979), going back to Henry Kempe's identification of the "battered child syndrome" (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962). It was not until the mid-1970s, however, that domestic violence became a growing issue among mental health professionals and only in recent years that the problem of abuse and violence among family members has emerged as a major focus of both intervention and research.

It is now known that violence in the home is a frequent occurrence (American Psychological Association, 1994). At least 2 million American women a year are battered by their partners; in addition, violence can occur in same sex relationships, although it is more common for women to be battered by men. It is also estimated that approximately 10 million children in the United States are exposed to wife abuse each year (Straus, 1991). These children are known to be at increased risk for abuse to themselves from their parents or guardians as well as emotional, cognitive, and behavioral problems throughout their lives. However, despite a growing understanding

of domestic violence and its effects on children, the impact of domestic violence on children is still not well understood. Professionals who work with troubled families continue to look for ways to treat domestic violence and child abuse, understand its effects, and prevent its recurrence.

To complicate matters, children from violent homes come from diverse backgrounds and bring unique experiences to treatment. They may have been physically abused, neglected, sexually abused, and/or witnesses to violence to other family members. Moreover, although violence within the family structure may be defined as any interaction that involves a use of physical force against another family member, it can also include psychological maltreatment and emotionally cruel child-rearing practices. Additionally, children who live in violent homes may have experienced other types of family dysfunction including alcoholism or chemical dependency and mental illness. Lastly, family dysfunction may be acute or chronic; violence may have occurred over many years or may have been triggered by a recent stress to the family system.

Children are often the victims of violence in the home because family violence often involves an abuse of power in which a more powerful individual takes advantage of a less powerful one. Finkelhor (1979) observes that abuse tends to gravitate toward the relationships that offer the greatest power differential. This is acutely true in situations of incest or sexual abuse in which an older person may dominate a younger one; in family violence, a mother may abuse a young child or a husband may beat his wife.

From a cultural perspective, children may be exposed to violence not only in the home but also in society. Gil (1979) believes that family violence is a result of societal violence and thus cannot be viewed in isolation from society. He describes "structural violence" as conditions that exist in society that limit development and obstruct human potential. Structural violence might include poverty, discrimination, and unemployment; these, in turn, may also cause the eruption of personal violence in the home in reaction to the stress and frustration society has helped create. Jaffe, Wolfe, and Wilson (1990) also note that rock videos, violent sports figures, popular movies, and television may also contribute to an increase in societal violence and have an impact on violent behavior in children, particularly those who have been exposed to violence in their homes.

Since every child comes with a different set of dynamics, social factors, and coping mechanisms, every child perceives family violence in a different way, even though the circumstances of trauma may be similar. Many children will maintain incredible allegiance to their abusers, despite the horror of their experiences; others may react with ambivalence, simultaneously angry at and protective of the abusing parent. For these reasons alone, assessing and making appropriate treatment available to children from violent families is complicated at best.

To make sense of the diverse experiences of these children, I looked for a theme in their experiences that could help me to design therapeutic inter-

ventions through art experiences and understand what these children were saying through their expressions. When looking for a way to structure what I wanted to accomplish with these children, I found that crisis was the common denominator within the varied constellation of characteristics. Whether the child is in crisis because of violence in the home, to his mother, or to himself or herself, or in crisis simply because of having to leave familiar surroundings, a factor disturbing the equilibrium of the family brought the mother and her children to seek refuge and support. It was around this theme of crisis then that I developed theories of how to practice art therapy in a shelter environment with children from violent homes.

More than fifteen years ago when I first started to work with the children of battered women, I was profoundly struck by another commonality among these children: a visual metaphor of monsters (Malchiodi, 1982) in their art expressions. Often the metaphor was literally represented by the depiction of a monster of some sort (Figure 1-1). Other times the "monster" (Figure 1-2) was veiled in less literal, but equally powerful expressions of pain, anger, fear, or loneliness. These are the invisible monsters that gnaw



Figure 1-1. Monster drawing by a six-year-old boy at a battered women's shelter (pencil, 8½" × 11").



Figure 1-2. Drawing by a seven-year-old boy at a battered women's shelter (felt marker, 8½" × 11").

away at the inner self, creatures that destroy self-esteem and leave in their wake anxiety and pain. For children from violent homes, the monsters can be an abusive parent, neglect, incest, and severe emotional trauma.

When I began to work with these children and their "monsters," I also sensed there were some other commonalities in their visual communications. I began to realize that the complexity of each child's situation contributed to the form and content of his/her expressions. Situations could include not only emotional trauma but also physical or sexual abuse, psychological maltreatment, chronic stress, and neglect. Family interactional systems might present addictions, serious mental illness, or even involvement in cults and bizarre life-style practices.

Historically, visual art has been used to make sense of crisis, pain, and psychic upheaval. Human suffering has inspired some of our greatest art. Anyone who has viewed Picasso's powerful painting of the effects of war on the Spanish town of Guernica is aware of the power visual imagery has in depicting trauma, violence, and acts of aggression. With reference to this work of art, Rollo May observes that "art is an antidote for violence" (1985, p. 215). He sees art expression as giving one a feeling of transcendence that might otherwise become negative outcomes such as drug addiction, suicide, and, on a societal scale, possibly warfare. May notes the preventive aspects of art expression, attributing to it the capacity to neutralize violence by tak-

ing the "venom" out of it. For these reasons, art therapy, a treatment modality that utilizes art expression as its core, has a unique role in the amelioration of violence and its effects. The very nature of image making makes it a powerful means of illiciting and dissociating painful and frightening images from the self.

There is precedent for the use of art expression in helping individuals to express crisis and trauma through imagery (Golub, 1985; Greenberg & van der Kolk, 1987). Aside from the therapeutic benefit of nonverbal communication of thoughts and feelings, one of the most impressive aspects of the art process is its potential to achieve or restore psychological equilibrium. This use of the art process as intervention is not mysterious or particularly novel; it may have been one of the reasons that humankind developed art in the first place—to alleviate or contain feelings of trauma, fear, anxiety, and psychological threats to the self and the community (Johnson, 1987).

Like many art therapists, I have often utilized art to understand and make sense of trauma in my own life. Art expression has been the key to my understanding of personal loss, crisis, and emotional upheaval when words could not adequately express or contain meaning. However, the value of the art expression for me under these circumstances has not only involved the resultant images but also my immersion in the creative process. In essence, it has helped me to break through feelings to which I have been clinging and make new discoveries about myself (Malchiodi & Cattaneo, 1988). As aptly described by May (1985), "In all creativity, we destroy and rebuild the world, and at the same time we inevitably rebuild and reform ourselves" (p. 144).

Miller (1986), author of contemporary studies on child abuse, notes the connections between childhood trauma, such as abuse, and creative activity. She observes from her own experiences with visual expression that repressed feelings resulting from early childhood trauma take form in the works of artists and poets. For children who have been abused or have witnessed violence in their homes and are often silent in their suffering, art expression can be a way for what is secret or confusing to become tangible.

Miller also speaks strongly to the value of process in working through feelings through art as she explored the experiences of her childhood:

The repressed feelings of my childhood—the fear, despair, and utter loneliness—emerged in my pictures, and at first I was all alone with the task of working these feelings through. For at that point I didn't know any painters with whom I would have been able to share my new found knowledge of childhood, nor did I have any colleagues to whom I could have explained what was happening to me when I painted. I didn't want to be given psychoanalytic interpretations, didn't want to hear explanations offered in terms of Jungian symbols. I wanted only to let the child